the NEH were to be eliminated: Funding for the Guam Symphony Society; folks arts, masters of traditional art apprenticeship program funding for the arts in Education Program—taking art into the schools; grants for the Isla Center for the Arts; college crafts program at Gef Pa'go, Chamorro Cultural Village; funding for the University of Guam Theater and Music Department; funding for the consortium for the Pacific Arts and Culture which brings the Missoula Children's Theater to Guam grants to Media arts, literary arts, performing arts, visual arts, and folks arts; and grants to artist fellowships.

CAHA's mission has been to show case our culture and make people understand its importance to our island. The whole point of the arts and humanities programs, which CAHA supports, is to create an opportunity for people to expand their views and knowledge about the various cultures which constitute the melting pot of America. The very existence of the CAHA, is threatened without the funding provided by the NEA and the NEH. The opportunity that CAHA affords the community to engage on a larger scale also would be gone.

In fiscal year 1995, Guam was the only jurisdiction in the United States to have all grant applications approved as well as to receive an additional grant. By these actions, the NEA and the NEH have recognized Guam's outstanding record of funding artists and projects important to our community.

Finally, I would like to commend the fine work that CAHA has accomplished in years past and to congratulate Ms. Deborah Bordallo on her recent appointment as executive director to the Guam Council on the Arts and Humanities. With the renewed funding from the NEA and the NEH, we, on Guam, will work hard toward supporting CAHA for many generations to come.

A TRIBUTE TO THE HONORABLE ROBERT M. OLSON, JUDGE OF THE LOS ANGELES SUPERIOR COURT

HON. CARLOS J. MOORHEAD

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 22, 1995

Mr. MOORHEAD. Mr. Speaker, the Honorable Robert M. Olson, judge of the Los Angeles Superior Court, will retire from the bench on April 7, 1995.

Judge Olson has served more than 22 years as a Los Angeles Superior Court judge, and is currently the third ranking judge in terms of seniority in that court.

The majority of Judge Olson's judicial career has been spent in the Los Angeles Superior Court's northeast district in Pasadena, where he has twice served as supervising judge of the district. Since January 1990, Judge Olson has served in a satellite courtroom of the northeast district located in the Alhambra courthouse.

Mr. Speaker, throughout his judicial career, Judge Olson has demonstrated the highest level of personal integrity and conduct. He has always shown a great respect for the law and he has consistently performed his judicial duties with compassion, sensitivity, and courtesy.

He was always regarded with the highest esteem by the Los Angeles legal community. He has a lot of heart, a wonderful temperament, and a well-honed sense of humor.

Mr. Speaker, it is an honor for me to recognize Superior Court Judge Robert M. Olson before my colleagues in the U.S. House of Representatives upon his retirement from the bench.

ANOTHER MEDICAL BREAKTHROUGH BY VA MEDICAL RESEARCHER

HON. G.V. (SONNY) MONTGOMERY

OF MISSISSIPPI

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 22, 1995

Mr. MONTGOMERY. Mr. Speaker, I was very pleased to see news reports this week about an important scientific advance for people who are paralyzed.

Stories in the Washington Post, the Baltimore Sun and other papers described the Neuroprosthetic Hand Grasp System—a new computerized device that can help some people with spinal cord injuries regain use of their hands.

I was absolutely delighted to learn of this exciting work, because I believe it will bring hope to thousands of people who have lost so much through catastrophic injury.

But I was also pleased by this news because it reflects the tremendous value of an outstanding research program that has not received the recognition it is due.

This development for paralyzed persons—like many other medical advances—came from the research program of the Department of Veterans Affairs.

Unfortunately, the public is not well informed about the work of VA scientists and researchers. They do not know that, over the years, VA research has established an impressive record for achieving health care improvements for disabled veterans, while bringing scientific advances for the society at large.

VA researchers are responsible for breakthroughs such as the first effective drug treatment for schizophrenia, the pioneer kidney and liver transplants, the first cardiac pacemaker implant, and development of the scientific basis for computer assisted CAT scanning—which revolutionized diagnostic medicine.

This program is one of the most cost-effective approaches to research anywhere in the medical world. It is based on a clinician-investigator approach, under which most of VA's scientists work in patient care programs, as well as in their laboratories.

Our Nation owes a debt of gratitude to the entire VA research family. On this day, I especially commend the members of the VA research team that led the way in developing the Neuroprosthetic Hand Grasp System, and to their colleagues in the academic world and the private sector.

We should take pride in the achievements of our VA medical researchers. This is a program that deserves our recognition and support as it seeks to improve the lives of all Americans.

There follows the article which appeared on the front page of the Washington Post yesterday morning:

[From the Washington Post, Mar. 21, 1995]

EVERY MOVEMENT COUNTS—DEVICE GIVES QUADRIPLEGICS A CHANCE TO GRASP

(By Paul W. Valentine)

BALTIMORE, March 20.—Slowly, laboriously, his brow knitted in concentration, Kevin Hara picked up the pen in his right hand, positioned it firmly between his thumb and first finger and scribbled his name.

A few months ago, Hara, 21, a Georgetown University student who was paralyzed below the shoulders in a 1991 trampoline accident, could not move his hands or fingers.

Now, with an experimental electrical stimulator implanted in his chest to bypass his injured spinal cord and activate hand muscles, he is able to write, grasp a cup, shave, brush his teeth and tap out letters on a computer keyboard.

Hara was one of three quadriplegic patients who gathered at the Veterans Administration Medical Center today to demonstrate the new technology, called the Neuroprosthetic Hand Grasp System.

Medical investigators in Baltimore, Cleveland, Philadelphia, Boston, Palo Alto, Calif., and Melbourne, Australia, hope to get U.S. Food and Drug Administration approval of the experimental technology within a year and put it on the medical market within five years.

''It's made a big difference in my life,'' Hara said. ''I'm able to do more, but it's also improved my confidence.'' A junior, he said he hopes to become a physician and specialize in psychiatry.

Restoring the ability to do things ''the rest of us take for granted'' is often slow and halting, with rewards measured in minuscule improvements day to day, said Peter H. Gorman, the neurologist who heads the Baltimore program.

''After you break your neck,'' said Jo Heiden, 30, of Arlington, a quadriplegic who was injured in a fall 11 years ago, ''anything you can do to get some independence back is important.''

Besides the patients in Baltimore, an additional 21 are enrolled in similar programs in the other cities. The implant surgery and long follow-up therapy for patients to learn how to use the muscle stimulator costs about $35,000, doctors said.

Restoring muscular activity for paralyzed patients is not new, Paraplegics since the late 1970s have used external stimulators on their legs to help them walk.

But the technology demonstrated today is the only one using a surgically implanted stimulator to restore functional movements in the hands and fingers of quadriplegics, according to Gorman, chief of rehabilitative services at the VA hospital in Baltimore. He also is an assistant professor of neurology at the University of Maryland Medical Center.

The implant program is not suitable for all paralyzed patients. Of the 90,000 people with quadriplegic spinal cord injuries in the United States, Gorman said, only about 14,000 might be eligible—those able to move their shoulders and bend their elbows but not use their hands.

Another important factor, Gorman said, is to be ''highly motivated to try the new technology.''

In spinal cord injuries, ''the brain is no longer able to send messages to the nerves in the arm,'' said W. Andrew Eglseder, an orthopedic surgeon who performed the implants on Hara, Heiden and Jeanette Semon last year.

The new technology, he said, ''sends signals to the muscles directly, in effect, bypassing the patient's damaged nerve system.''

An electrical stimulator smaller than a cassette is implanted in the upper chest and